



August 25, 2014

Health Advisory

**North Dakota Department of Health Gives Guidance
To Providers on Ebola Virus Disease**

The North Dakota Department of Health (NDDoH) is providing summary information to providers on patient evaluation for Ebola Virus Disease (EVD) and specific recommendations for North Dakota. The information offers guidance on how to detect and isolate patients who may have Ebola virus infection.

Ebola Patient Evaluation

North Dakota providers should be alert for and evaluate patients with suspect EVD who have both consistent symptoms and risk factors as outlined by the North Dakota Department of Health. A person under investigation (PUI) for Ebola virus infection as defined by the NDDoH is as follows:

1. Fever >100.4° F (rectally or equivalent); AND
2. Epidemiologic risk factor within the past 21 days before symptom onset, such as:
 - a. Contact with body fluids or human remains of persons known or suspected to have EVD
 - b. Residence or travel to an area where EVD transmission is active
 - c. Handling bats, rodents or primates from EVD endemic areas

CDC and the NDDoH recommend testing for all persons with onset of fever within 21 days of having a high-risk exposure. A high-risk exposure includes any of the following:

- Percutaneous or mucous membrane exposure or direct skin contact with body fluids of a person with a confirmed or suspected case of EVD without appropriate personal protective equipment (PPE),
- Laboratory processing of body fluids of suspected or confirmed EVD cases without appropriate PPE or standard biosafety precautions
- Participation in funeral rites or other direct exposure to human remains in the geographic area where the outbreak is occurring without appropriate PPE

For persons with a high-risk exposure but without a fever, testing is recommended only if there are other compatible clinical symptoms present and blood work findings are abnormal (i.e., thrombocytopenia <150,000 cells/ μ L and/or elevated transaminases) or unknown.

Early recognition of Ebola is important for providing appropriate patient care and preventing the spread of infection. Persons under investigation, under the North Dakota definition, should be placed in isolation (private room with a door and bathroom). Providers should immediately report any suspect cases or PUI to the North Dakota Department of Health by calling 1.800.472.2180 or 701.328.2378. Healthcare providers caring for a PUI will be provided an opportunity to consult with an infectious disease specialist in addition to consultation by the NDDoH.

Recommended Infection Control Measures

Hospitals can safely manage a patient with EVD by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. These precautions can be found in *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting* (www.cdc.gov/hicpac/2007IP/2007ip_part3.html). Healthcare workers should follow CDC's *Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals* if they have a patient with suspect EVD (www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html). Additionally, the CDC has developed interim guidance for laboratorians and other healthcare personnel who collect or handle specimens in the United States on the appropriate steps for collecting, transporting, and testing specimens from patients who are suspected to be infected with Ebola virus. The guidance is available on CDC's website www.cdc.gov/vhf/ebola/hcp/interim-guidance-specimen-collection-submission-patients-suspected-infection-ebola.htm.

NDDoH has developed a number of resources to assist providers and healthcare facilities, including a provider decision tree, a patient risk and exposure tool, and facility signage. Archived Ebola video conference presentations are also available on the NDDoH website's Ebola page at www.ndhealth.gov/disease/Ebola/Default.aspx.